

CSA RETIREE CHAPTER - QUEENS REGIONAL UNIT
ENROLLMENT/RENEWAL FORM - 2020

The 2020 membership year runs from January 1, 2020 until December 31, 2020.

Protect your pension, save your health care, we need your support.

To get reduced rates on all activities you must be a paid member.

If you have already paid your 2020 membership dues please disregard this form.

DATE _____ DATE OF RETIREMENT _____

LAST NAME _____ FIRST NAME _____

HOME ADDRESS _____ APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER () _____ DOB _____

E-MAIL ADDRESS _____ @ _____

I WOULD LIKE TO RECEIVE NEWSLETTERS & FLIERS BY E-MAIL – YES _____ NO _____

ALTERNATE ADDRESS _____ APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

SPOUSAL INFORMATION: NAME _____

ADDRESS _____ APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

OTHER CSA RETIREE CHAPTER REGIONAL UNITS I BELONG TO _____

MY \$15.00 CHECK FOR ANNUAL MEMBERSHIP IS ENCLOSED _____ OR

I HAVE PREVIOUSLY PAID FOR MEMBERSHIP IN THE QUEENS REGIONAL UNIT

YES _____ NO _____

I HAVE THE FOLLOWING AREA(S) OF INTEREST _____

MAIL THIS FORM WITH YOUR \$15.00 CHECK PAYABLE TO: “CSA *QUEENS RETIREES*”
TO:

LEONARD B. STERMAN
77-15 251st STREET
BELLEROSE, NEW YORK 11426